

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2013	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219			
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F000000	<p>This visit was for the Investigation of Complaints IN00125337, IN00125345, IN00125898, and IN00126119.</p> <p>Complaints IN00125337 and IN00125345 - Substantiated. Federal/state deficiency related to the allegations is cited at F279.</p> <p>Complaints IN00125898 and IN00126119 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 19, 20, 21, 22, 2013</p> <p>Facility number 000222 Provider number 155329 AIM number 100274950</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF: 9 SNF/NF: 141 Total: 150</p> <p>Census payor type: Medicare: 35 Medicaid: 83</p>		F000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Other: 32 Total: 150</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 3/26/13 by Suzanne Williams, RN</p>						

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a health care plan was developed for a resident who refused care (Resident B) including refusing to turn or reposition, refusing food, refusing medications, refusing to see the physician, and refusing lab draws, for 1 resident of 3 reviewed for care plans in a sample of 5.</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 3/19/13 at 1:15 p.m.</p>		F000279	<p>F279</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>The alleged resident no longer resides in the facility. The facility has reviewed all residents care plans that have a history of refusal of care and updated them appropriately per policy.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what</p>		04/02/2013	

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	<p>Diagnoses included, but were not limited to, diabetes mellitus, altered mental status, dementia, hypertension, gout, spinal stenosis, atrial fibrillation, and osteoarthritis.</p> <p>A Significant Change Minimum Data Set (M.D.S.) assessment dated 1/29/13 indicated Resident was cognitively impaired, did not ambulate, was incontinent of bowel and bladder, and required extensive assistance of staff for all activities of daily living.</p> <p>Progress notes for Resident B indicated:</p> <p>8/01/12 11:18 PM "Client cursed and refused food and all alternative offered to her..."</p> <p>8/08/12 4:22 PM "...Res (resident) was offered several times PRN (as needed) Ultram (pain medication) and refused..."</p> <p>8/13/12 10:08 PM "...Res was in her room-refusing to get up, reapproach, refused care..."</p> <p>8/28/12 10:25 AM "Resident refused PT/INR (lab test)..."</p>				<p>corrective action will betaken?</p> <p>All residents who refuse care areat risk to be affected by the alleged deficient practice.</p> <p>All CNAs, nurses, and members ofthe IDT team will be re-educated on the care plan process in regards torefusals of care.</p> <p>The IDT has reviewed eachresident with a history of refusals and their care plans have been reviewed toensure their refusals are care planned per policy.</p> <p>What measures will be put into place or what systemic changes will youmake to ensure that the deficient practice does not recur?</p> <p>All CNAs, nurses, and members ofthe IDT team will be re-educated on the care plan process in regards torefusals of care by the SDC by 4/2/13.</p> <p>The IDT will review all behaviorsand refusals of care daily in morning meeting. Documentation of the refusal and a detailed care plan will be createdduring the meeting. An IDT care planreview will be completed per MDS schedule upon admission, quarterly, annually,and with significant change.</p>		

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	<p>9/04/12 2:03 PM "Resident refused INR this morning..."</p> <p>9/12/12 2:12 PM "...refused to get up x (times) 3..."</p> <p>10/16/12 12:30 PM "Resident refused PT/INR x 3..."</p> <p>10/22/12 10:32 AM "Resident refused b12 level (lab test)..."</p> <p>11/27/12 9:14 AM "Res was on the list to see the optometrist but refused to be seen..."</p> <p>12/01/12 3:41 PM "...res refuses to get up at times; argumentative with staff at times re taking meds, insulin, turning etc..."</p> <p>12/18/12 5:58 PM "Refused to go to MD appointment this afternoon x 3..."</p> <p>1/13/13 4:11 AM "Resident refused PT/INR lab this noc (night)..."</p> <p>1/26/13 12:46 PM "...resident non compliant w/ turn schedule (symbol for "and") continuously refusing this writer or CNA to turn/reposition. res (sic) also refusing heel elevation device. res (sic) not easily redirected..."</p>			<p>Resident's refusals and refusal care care-plans will be reviewed at this time to ensure accuracy.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>A Care plan CQI audit tool will be completed for six months with audits being completed once weekly for one month, bi-weekly for 2 months, and then monthly for 3 months by a nurse manager or designee.</p> <p>The Care Plan CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 4/2/2013.</p>			

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	<p>1/27/13 7:00 PM "...noting res frequently refusing incont (incontinence) care this shift..."</p> <p>1/29/13 2:47 PM "Res refused shower today..."</p> <p>1/30/13 11:31 AM "MD notified of refused AM medicine..."</p> <p>1/31/13 10:16 AM "Resident was seen by (name of psychological evaluation service) on 1/29/13...Discussed being non-compliant with OT (Occupational Therapy), PT (Physical Therapy), refuses to get out of bed, and showers..."</p> <p>2/04/13 10:18 AM "...Resident perfers (sic) to stay in bed daily, does not want to get out of bed for meals or activities...family encouraging resident to accept at least one shower per week..."</p> <p>2/07/13 9:58 PM "...appetite poor refused x 2 to let staff assist with eating dinner..."</p> <p>Resident B's record contained no health care plan to address refusal of care, including refusal of turning and repositioning, refusal of medications, refusal of lab tests, refusal of</p>						

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	<p>incontinence care, and refusal to see the physician.</p> <p>During an interview on 3/20/13 at 11:45 AM the Director of Nursing indicated there was no care plan for Resident B's refusal of care, and that it would be facility policy for a care plan for refusal of care to be in place for Resident B.</p> <p>A facility policy dated 1/2010, received from the Director of Nursing on 3/22/13 at 10:30 AM, titled "Care Plan Review and Maintenance Process," indicated:</p> <p>"Policy: It is the policy of this facility that each resident will have a comprehensive care plan developed on comprehensive assessment. The care plan will include measurable goals and resident specific interventions based on resident needs and preferences to promote the resident's highest level of functioning including medical, nursing, mental and psychological needs.</p> <p>Procedure: Care plan problems, goals, and interventions will be updated based on changes in resident assessment/condition...</p>						

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	<p>Care plan interventions/changes impacting care provided by CNAs will be communicated to CNA via report and/or CNA assignment sheet."</p> <p>This federal tag relates to Complaints IN00125337 and IN00125345.</p> <p>3.1-35(a) 3.1-35(b)(2)</p>						